

**CORPORATION
ANNUAL REPORT
1995**

**Florida Department of State
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N11091 (8)
I. Corporation Name:
THE FLORIDA TROPICAL WEAVERS' GUILD, INC.

Principal Place of Business Mailing Address
2032 SPIRIT LAKE ROAD WINTER HAVEN FL 33880

**FILED
55 APR 11 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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2. Principal Place of Business 2a. Mailing Address
21 1001 Old Eustis Rd 25 1001 Old Eustis Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Mt. Dora, FL 28 Mt. Dora, FL
Zip Country Zip Country
24 32767 25 Lake 29 32757 30 Lake

3. Date Incorporated or Qualified **09/13/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2594785** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**PARKS, KATHLEEN M.
2032 SPIRIT LAKE ROAD
WINTER HAVEN FL 33880**
10. Name and Address of New Registered Agent
**81 Name McGimsey-McRae
82 Street Address (P.O. Box Number is Not Acceptable) 1001 Old Eustis Rd.
83
84 City Mt. Dora FL 85 Zip Code 32767**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Susan McGimsey-McRae, Treasurer** **Theresa McGimsey-McRae** **3-10-95**
Signature, typed or printed name of registered agent and fee if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	D	11 TITLE	☐ Change	☐ Addition
NAME	KAHRS, NANCY		12 NAME		
STREET ADDRESS	664 BROOK LAVEN WAY		13 STREET ADDRESS		
CITY - ST - ZIP	NICEVILLE FL		14 CITY - ST - ZIP		
TITLE	VD	D	21 TITLE	☐ Change	☐ Addition
NAME	BARRETT, TERESA		22 NAME		
STREET ADDRESS	220 TAMPA DOWNS BLVD		23 STREET ADDRESS		
CITY - ST - ZIP	LUTZ FL		24 CITY - ST - ZIP		
TITLE	TD	D	31 TITLE	☒ Change	☐ Addition
NAME	PARKS, KATHLEEN M.		32 NAME	S. McGimsey-McRae	
STREET ADDRESS	2032 SPIRIT LAKE ROAD		33 STREET ADDRESS	1001 Old Eustis Rd	
CITY - ST - ZIP	WINTER HAVEN FL		34 CITY - ST - ZIP	Mt. Dora, FL 32757	
TITLE	S	D	41 TITLE	☐ Change	☐ Addition
NAME	CARR, SANDRA		42 NAME		
STREET ADDRESS	1020 BEE POND RD		43 STREET ADDRESS		
CITY - ST - ZIP	PALM HARBOR FL		44 CITY - ST - ZIP		
TITLE			51 TITLE	☐ Change	☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY - ST - ZIP			54 CITY - ST - ZIP		
TITLE			61 TITLE	☐ Change	☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Theresa McGimsey-McRae, Treasurer** **3-10-94** **(904) 738-2385**
Signature, typed or printed name of signing officer or director (Date) (Telephone) (Fax)

Susan McGimsey-McRae